

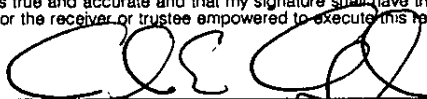


**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000009102</b> 1. Entity Name REX, PINEL, GARDNER & WILLIAMS, LLC				<b>Secretary of State</b>	
Principal Place of Business 940 NORTH HIGHLAND AV SUITE 100 ORLANDO, FL 32803 US		Mailing Address 940 NORTH HIGHLAND AVE SUITE 100 ORLANDO, FL 32803 US			
<b>DO NOT WRITE IN THIS SPACE</b>				01072008 No Chg-LLC CR2E083 (12/07)	
				4. FEI Number 01-0770376	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  PAHL, SHARON A 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803				<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				04/15/08-80095-023 138.75	
9. MANAGING MEMBERS/MANAGERS				<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REX, RANDALL L 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEL, THOMAS H JR 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER, CALVIN E 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DARYL L 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  4.2.08				Date: 407.835.1021	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	